

Bureau of Environmental Health
 8930 Stanford Boulevard, Columbia, MD 21045
 Main: 410-313-2640 | Fax: 410-313-2648
 TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
 Facebook: www.facebook.com/hocohealth

Maura

J. Rossman, M.D., Health Officer

RECEIPT DATE: 9/2/2020 **ONSITE SEWAGE DISPOSAL SYSTEM**

P 567971

INSTALLATION APPROVAL DATE: 9/2/2020 (ST)

PERMIT
MINOR REPAIR

A _____

PROPERTY ADDRESS: 13376 Hunt Ridge Road

SUBDIVISION: _____ LOT: _____ TAX ID: _____

CONTRACTOR: JOSEPH HEIL PLUMBING EMAIL: _____

CONTRACTOR ADDRESS: 8177 MISSION ROAD, JESSUP, MD 20794 PHONE: 410-799-7727

PROPERTY OWNER: WAYNE AND BARBARA MORGES EMAIL: _____

OWNER ADDRESS: 13376 HUNT RIDGE ROAD, ELLICOTT CITY, MD 21042 PHONE: _____

NUMBER OF BEDROOMS: _____ SEPTIC TANK SIZE: _____ DRAINFIELD SIZE/TYPE: _____

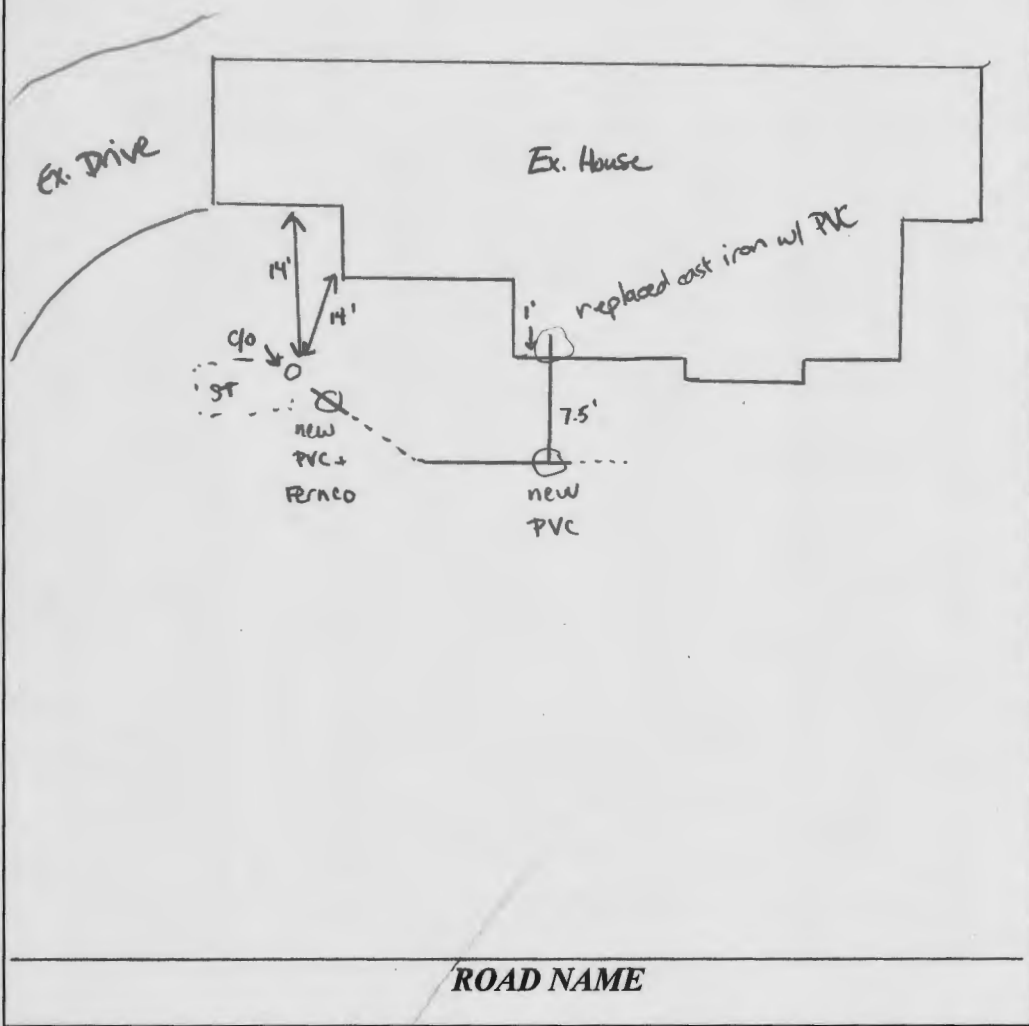
LOCATION:	
NOTES:	emergency septic line repair

ISSUED BY: S Thomas (Krow) ISSUE DATE: 9/2/20 EXPIRATION DATE: 9/2/21

- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM
- NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM. PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT. CALL 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM.

NOT TO SCALE



TRENCH/DRAINFIELD DATA

WIDTH _____ INLET _____ BOTTOM _____

NUMBER OF TRENCHES _____

TOTAL LENGTH _____

ABSORPTION AREA _____

DISTRIBUTION BOX LEVEL _____

DISTRIBUTION BOX BAFFLE _____

DISTRIBUTION BOX PORT _____

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL _____

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

DATE ON LID _____

PUMP/SEPTIC TANK LEVEL _____

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

DATE ON LID _____

PRE-CONSTRUCTION:

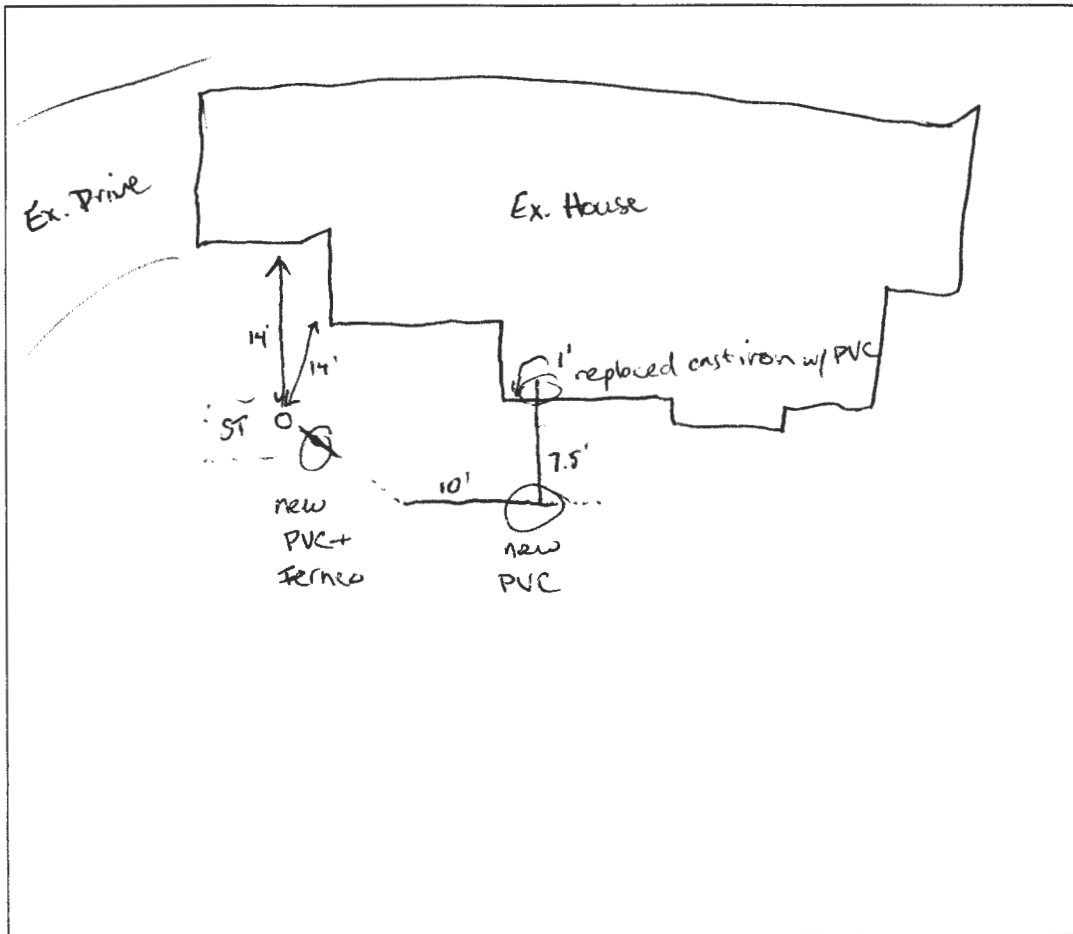
INSTALLATION: 9/2/2020 Contractor reports that cast iron pipe inside house has sheared off at wall and was leaking fluid inside. Replaced cast iron w/ new PVC and Fernco back until he found good pipe in house. Replaced parts of outdoor PVC line that were drilled into in order to camera line. (S)

FINAL INSPECTOR Susan Thomas DATE OF APPROVAL 9/2/2020

SITE INSPECTION SHEET

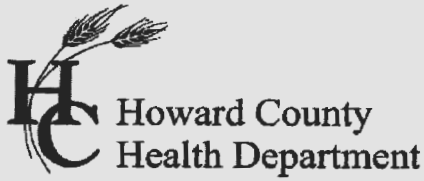
OWNER: _____ PHONE #: _____
ADDRESS: 13376a Hunt Ridge Rd CONTRACTOR: Joseph Heil Plumbing
Ellicott City, 21042 WELL TAG #: _____
SUBDIVISION: _____ LOT: _____ COUNTY #: 13
PROPOSAL: emergency septic line repair

LOCATION DIAGRAM



COMMENTS: Contractor reports that cast iron pipe inside house has sheared off at wall and was leaking fluid inside. Replaced cast iron w/ new PVC and Fernco back until he found good pipe in house. Replaced parts of outdoor PVC line that were drilled into in order to camera line.

DATE: 9/2/2020 INSPECTOR: Susan Thomas



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Maura

J. Rossman, M.D., Health Officer

RECEIPT DATE: 9-11-20 **ONSITE SEWAGE DISPOSAL SYSTEM**

P 567971

INSTALLATION APPROVAL DATE: _____

PERMIT
MINOR REPAIR

A _____

PROPERTY ADDRESS: 13376 Hunt Ridge Road

SUBDIVISION: _____ LOT: _____ TAX ID: _____

CONTRACTOR: JOSEPH HEIL PLUMBING EMAIL: _____

CONTRACTOR ADDRESS: 8177 MISSION ROAD, JESSUP, MD 20794 PHONE: 410-799-7727

PROPERTY OWNER: WAYNE AND BARBARA MORGES EMAIL: _____

OWNER ADDRESS: 13376 HUNT RIDGE ROAD, ELLICOTT CITY, MD 21042 PHONE: _____

NUMBER OF BEDROOMS: _____ SEPTIC TANK SIZE: _____ DRAINFIELD SIZE/TYPE: _____

LOCATION:	
NOTES:	

ISSUED BY: _____ ISSUE DATE: _____ EXPIRATION DATE: 9-11-21

- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM
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NOT TO SCALE

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
_____	_____	_____
NUMBER OF TRENCHES _____		
TOTAL LENGTH _____		
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL _____		
DISTRIBUTION BOX BAFFLE _____		
DISTRIBUTION BOX PORT _____		

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL _____

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

DATE ON LID _____

PUMP/SEPTIC TANK LEVEL _____

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

DATE ON LID _____

ROAD NAME

PRE-CONSTRUCTION:

INSTALLATION:

FINAL INSPECTOR _____ . DATE OF APPROVAL _____ .

Howard County Health Department

Bureau of Environmental Health, Columbia, MD 21045 - 410-313-1771

SEWAGE DISPOSAL PERMIT NO. A- _____ P- 567971

RESIDENTIAL PERMIT
(NUMBER OF BEDROOMS: _____)

COMMERCIAL PERMIT
(DESIGN FLOW: _____ GPD)

PERMITEE:

Joseph Heil

LOCATION:

13376 Hunt Ridge Road

****POST THIS CARD WHERE IT CAN BE SEEN FROM ROAD****

STOP ALL CONSTRUCTION ON SEWAGE DISPOSAL SYSTEM AND CONTACT HEALTH DEPARTMENT BEFORE CONTINUING

Inspector

Date

WORK IS SATISFACTORY, OK TO CONTINUE

Inspector

Date

COMMENTS:

FINAL INSPECTION MADE, OK TO COVER ALL WORK

Inspector

Date



HOWARD COUNTY HEALTH DEPARTMENT

67971

DATE 9/11/20

Received From

Joseph Heil Co.

PHONE #

410-799-~~727~~ 727

For

Minor Repair

13376 Hunt Ridge Rd.

CASH

CHECK

NO

1880

Fifty - Five

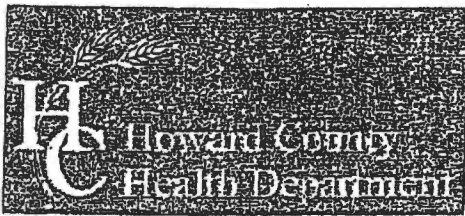
Dollars

\$

55.00

Received By

Kirk



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Twitter: HowardCoHealthDep

Dr. Maura J. Rossman, M.D., Health Officer

INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request:

- Reason for Request options: Failing System, System relocation for proposed addition, System upgrade for proposed addition, Inadequate treatment zone, Collapsed septic tank, Collapsed drywell, PRE REPAIR ONLY

Existing system design

- Existing system design options: Drywell, Trench, Mound, Unknown, Other

Is discharge surfacing on the ground?

- Is discharge surfacing on the ground? options: Yes, No

Has the septic tank been pumped within the last month?

- Has the septic tank been pumped within the last month? options: Yes, No

Was a visual inspection of the septic tank and/or drain fields conducted?

- Was a visual inspection of the septic tank and/or drain fields conducted? options: Yes, No

Was a visual inspection of the sewage line conducted?

- Was a visual inspection of the sewage line conducted? options: Yes, No

Blockage leading to the tank

- Blockage leading to the tank options: Yes, No

Blockage leading to the field

- Blockage leading to the field options: Yes, No

Additional Comments:

*For REPAIRS, are the owners proposing, or do they plan to add in the future, any additions or modifications to the property, i.e. pools, living space additions, garages, etc? This information must be disclosed at the time of this application. The Health Department will not be able to accommodate requests in the field for property modifications unrelated to the repair request. Such requests may require an additional fee, testing, and submittal of a Percolation Certification Plan, if the property does not meet current Code and Regulation.

Septic Contractor: HEIL PUMPING Contractor's Phone: 410 799 7727
Contractor's Address: 8177 MISSION RD JESSUP MD 20794

Property Address: 13376 HUNT RIDGE RD County file: HOWARD
Subdivision: Lot: Year Built:
Owner's Name: BARBARA MORRES Owner's Phone: 410 531 4828

Name of previous owners: Existing bedrooms:
Proposed bedrooms:

Has this request been previously discussed with a Sanitarian? (Name):
Public Sewer available/nearby:

*A Sanitarian will be in contact within three business days, depending upon the urgency of the situation, to coordinate the scheduling/review of the repair or upgrade.

Prior to scheduling inspections, scaled plans should be submitted to clarify the nature of the addition.

Print out a copy of Real Property Data via Dept. of Taxation website Indexed file found

If public sewer may be nearby, verify whether sewer is technically "available" through the Bureau of Engineering.

If sewer is available and the property is within the Metropolitan District, connection to sewer is required. If the owner believes reason for exemption exists, the owner should justify the request in writing.

If soil/site conditions are limited and sewer and/or Metro District status is not conducive to connection, the Sanitarian may recommend pursuit of Emergency Sewer Extension or Emergency Metro District Inclusion. The Owner should contact the Bureau of Utilities for details.

No permit is to be issued nor inspection to be scheduled without prior fee collection at the office unless an emergency situation exists. The contractor is to notify office of the emergency situation as soon as possible.